LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE BUREAU OF FRAUD & CORRUPTION PROSECUTIONS CONSUMER PROTECTION DIVISION 211 WEST TEMPLE STREET, SUITE 1000 LOS ANGELES, CALIFORNIA 90012-2660 (213) 257-2450

COMPLAINT FORM

1 Complainant's Full Name	Telephone Number
Address (Number, Street, City, State and	Zip Code)
Email MY CO	OMPLAINT IS AGAINST:
2Name of Business and/or Individual	
Address (Number, Street, City, State and	Zip Code)
Full Name of Person With Whom You D	Pealt Telephone Number
3. Have you had a previous business or per directors or controlling persons?	rsonal relationship with the firm or any of its partners, officers,
Yes No How Business Personal	w Long?
4. Place(s) Where Transaction(s) Occurred	
Date(s) of Transaction(s)	
5. Have you contacted the business or indiv	vidual regarding your complaint?
Yes No	Date(s) of Contact(s)
(If Yes,) Person(s) Contacted	Telephone Number
Results of Contact(s)	

7. Briefly describe the nature of your	complaint. Keep dates of events in chronological order.
8. Have you filed your complaint wit If yes, provide agency information be	th another law enforcement or consumer protection agency?
Name of Agency	Telephone Number
Address (Number, Street, City, State	and Zip Code)
9. Do you know of any other victims numbers in the space provided below	in this matter? If yes, please provide names, address and telephone
10. Have you or any other victims fil and name of county in which the law	led a lawsuit in any courts? If yes, please provide date, case number suit was filed.

11. Please attach a copy of the advertisement or correspondence, if applicable, to this form.